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PHILIP MORRIS, NEW SCIENTIFIC REPORTS SHOW DOUBTS

## ABOUT CAUSATION OF LUNG CANCER

New scientific reports and comments on the lung cancer question -covering such topics as statistics, air pollution and animal experiments -are described in the current issue of Tobacco and Health.

Other scientific papers relating to smoking and health also are summarized in the publication issued by The Tobacco Institute, Inc., Washington, D. C.

In the Union of South Africa a recent study disclosed findings suggesting that air pollution may be the factor responsible for the reported increase in lung cancer throughout the world.

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Accumulating scientific evidence "that conflicts with or fails to support the tobacco-smoking theories of lung cancer" was cited by Dr. Clarence Cook Little, noted cancer researcher and Scientific Director of the Tobacco Industry Research Committee.

Dr. Little's statement was made upon publication of a review article by the U. S. Public Health Service that claimed "the weight of the evidence, at present, implicates smoking as the principal etiological (causative) factor in the increased incidence of lung cancer."

Dr. Little noted that many of the recent scientific reports on smoking and lung cancer were either "omitted from or glossed over" in the PHS review.

"Despite these recent research trends," he said, "the conclusions set forth in the review rely almost entirely on past reports that are no more conclusive today than when these reports were first published."

(more)

Dr. Little summarized the recent scientific evidence in four points and cited 23 scientific papers to support his statement.

The South African study, conducted by Dr. Geoffrey Dean, of Port Elizabeth, South Africa, was based on male lung cancer deaths in that country from 1947-56. He found that white males in South Africa have long been the heaviest cigarette smokers in the world and yet they have a relatively low lung cancer mortality rate.

His report, published in the <u>British Medical Journal</u>, showed that British male immigrants to South Africa who died between the ages of 45 and 64 had a much higher lung cancer rate than either white native-born men or male immigrants from other countries for the same age groups.

Dr. Dean wrote:

"The relatively low incidence of lung cancer generally among the heavy-smoking South African men, the higher and rapidly increasing incidence in the growing cities, and the high incidence in the younger age group of immigrants from Britain found in the present study, suggest that the air pollution which occurs in modern industrial life -- smoke, smog, traffic fumes, etc. -- may be a major factor responsible for the alarming increase of lung cancer in South Africa and Britain, and presumably elsewhere."

In another article summarized in <u>Tobacco and Health</u>, Dr. Milton B. Rosenblatt, associate professor of medicine at New York Medical College, said that in relation to lung cancer "there is considerable evidence that the epidemic-like increase is due to factors totally unrelated to cigarette consumption.

"These factors are the development of better diagnostic facilities and longevity of the population," he said.